

Children In Need Of Treatment (CINOT) Schedule of Dental Services and Fees (Non-Dentist Providers)

**Ministry of Health Promotion
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Who is Eligible?

Eligibility is based on the following four criteria, ALL of which must be met:

1. Ontario Resident Criteria

Children must be residents of Ontario and possess a valid Ontario Health Card Number (OHCN). Children of “visa students” are not considered to be residents of Ontario.

2. Age/Grade Criteria

Children who are Ontario Residents up to, and including, age 13 years **or** the last day of the Grade 8 school year (whichever is later). NB: For the purpose of administering this program, (1) the last day of the school year is defined as June 30, and (2) children of “visa students” are not considered to be residents of Ontario.

3. Dental Criteria

Eligible children are those with dental conditions requiring emergency or essential care. See the “Definitions for the Purpose of Determining CINOT Dental Eligibility” section.

4. Financial Criteria

Families of children fulfilling eligibility requirements “1” and “2”, may qualify for this program if they have **no** dental insurance or other form of coverage (e.g., social assistance) in respect to the services set out in this Schedule. The parents/guardians must sign a written declaration stating that they have no dental insurance and that the cost of dental treatment for their child would result in financial hardship to the family. Children whose parents receive social assistance should be treated through the appropriate social assistance program (i.e., Ontario Works [OW], Ontario Disability Support Program [ODSP], or Assistance for Children with Severe Disabilities [ACSD]) and not through the CINOT program, because funding and coverage for social assistance program recipients differs from CINOT.

Provision of the CINOT program is a requirement under the Ontario Ministry of Health and Long-Term Care’s *Mandatory Health Programs and Services Guidelines*, provided under the *Health Protection and Promotion Act*. The program was designed as an adjunct to other dental public health programs and is NOT a dental insurance plan. **It is designed to provide the current course of treatment only, not ongoing care.** It is designed to ensure that no child goes without essential/emergency dental care due to lack of ability to pay. Preventive services and follow-up monitoring are also requirements under the Ontario Ministry of Health and Long-Term Care’s *Mandatory Health Programs and Services Guidelines*. Local health units will usually provide these services.

Verifying Eligibility

Either (1) a CINOT Claim Form (CCF) will be mailed or faxed directly to the dental office with the child's information already completed (e.g., name, date of birth, etc.), **or** (2) the parent/guardian will be in possession of the CCF upon making the dental appointment. The CCF is valid for **six months from the date of issue** listed on the form. It is only valid for the specified child and not the child's siblings. If an extension is required (e.g., due to scheduling for a general anaesthetic) you must contact the health unit **before** the claim expires.

Responsibility of the local health unit/department as program administrator

1. Health units offer case identification in accordance with the Ministry of Health and Long-Term Care or the Ministry of Health Promotion policy.
2. The health unit will notify parents or guardians of children who have been identified as having emergency or essential dental condition. They must complete a declaration regarding dental insurance or other coverage and financial hardship for their child to be eligible for the CINOT program. They must also sign a Freedom of Information waiver to authorize the dental provider to release the information to the health unit, the Ministry of Health and Long-Term Care, the Ministry of Health Promotion and/or the Ministry of Community and Social Services.
3. Eligible children may attend an Ontario dental provider of their choice providing the provider agrees to participate in the CINOT program. Where geographic necessity requires a child to leave the province for specialist treatment, the health unit requires annual Ministry of Health Promotion approval prior to issuing a claim form to the dental provider.
4. Health units will offer the parent/guardian a screening within five working days from the date the request was received (i.e., the screening appointment date will be within five working days of the day the parent/guardian contacts the health unit).
5. A uniquely numbered CINOT Claim Form (CCF) will be issued for the child. The CCF is valid for six months from the **date of issue**. NB: If you require an extension to this time frame (e.g., due to scheduling for a general anaesthetic) you must contact the health unit **before** the claim expires. Screening is an assessment to determine if a child meets the CINOT eligibility criteria.
6. Health units will respond to pre-determination requests within five working days from the date the request was received.
7. When a provider submits a CCF, the health unit will authorize payment for covered services and all pre-determinations (where applicable) listed in the CINOT *Schedule of Dental Services and Fees*, provided that the claim is submitted within six months from its date of issue.
8. Where the health unit/department fails to authorize payment under #7 (above) and the dental provider has complied with all of the policies and procedures as set out in this Schedule, the Medical Officer of Health will review the dental provider's claim, if a written request to do so is submitted by the dental provider.
9. The health unit, in accordance with the *Mandatory Health Programs and Services Guidelines*, will provide any necessary preventive services and follow-up.
10. Regular communication must be maintained with the local dental community.
11. Claims are the responsibility of the health unit whose jurisdiction covers the area in which the **child resides**.

12. In situations of fiscal constraint, a health unit or the province may withdraw services marked with “P”, for a defined period of time. The time period must not exceed the remainder of the fiscal year. Where this situation applies, health unit staff and/or the Ministry of Health Promotion will take appropriate steps to communicate the situation and time frame to dentists. In situations where local fiscal pressures apply, the health unit will inform the Ministry of Health Promotion.

Please note: Changes to public health's mandatory programs may periodically require alterations to any, or all, of the above responsibilities. Any changes will be communicated in a timely manner.

Responsibility of the treating dental hygienist, denturist, or physician anaesthetist

1. Verification of Eligibility

- (a) Children who qualify for assistance under this program will have a numbered CINOT Claim Form (CCF) issued in their name.
- (b) For emergency treatment see section 7.
- (c) If the family is not applying for assistance under CINOT, the dental provider should complete the "dental provider section" of the Parent Notification Form (PNF) and return the PNF to the local health unit. The child will then be removed from the health unit's CINOT follow-up records as monitoring the treatment of the child will become the treating dentist's responsibility.

2. Conditions for Payment

Payment for covered services, as set out in this Schedule, is made to participating practitioners. To be a participating practitioner,

- (a)
 - (i) the **dentist** must be a member in good standing of the Royal College of Dental Surgeons of Ontario (RCDSO), or be a member of his or her provincial licensing body and have prior approval from the Ministry of Health Promotion before initiation of treatment; or
 - (ii) the **dental hygienist** must be a member in good standing of the College of Dental Hygienists of Ontario (CDHO); or
 - (iii) the **denturist** must be a member in good standing of the College of Denturists of Ontario; or
 - (iv) the **physician anaesthetist** must be a member in good standing of the College of Physicians and Surgeons of Ontario.
- (b) agree to seek payment for covered services from the health unit/department and not from the parents or guardian of the child (i.e., the practitioner will not balance-bill or extra-bill for covered services);
- (c) agree to follow the policies and procedures set out in this Schedule;
- (d) submit a claim form to the health unit when treatment is complete, or no more frequently than once per month; and
- (e) submit claims within six months from their date of issue.

Practitioners who **do not** wish to participate in the CINOT program should inform the public health dentist of the local health unit/department.

3. Covered Services

The *Schedule of Dental Services and Fees* contains a listing of services covered under the CINOT Program. Some services require pre-determination prior to service provision. These services are marked with a "P" beside the procedure code. For these services, practitioners should forward a treatment plan or letter of expertise, with supporting information (including radiographs if available), to the public health dentist at the local health unit. It may be necessary to convene a local review committee to adjudicate complex treatment plans.

Responsibility of the treating dental hygienist, denturist, or physician anaesthetist (continued)

Once the health unit approves a child for coverage under the CINOT program, the child is covered for one course of treatment. "One course of treatment" is the time period from approval, until the last treating practitioner checks the box on the CINOT Claim Form which states "Treatment Plan is Now Complete."

4. Fee Levels

The maximum allowable fees for CINOT covered services are set out in this fee schedule. Practitioners who accept CINOT patients agree to seek payments for covered services **only** from the health unit/department and agree that this payment will constitute payment in full for those services (i.e., dentists may not balance-bill or extra-bill for covered services).

For services not covered by CINOT (i.e., not listed in the CINOT *Schedule of Dental Services and Fees*), the dentist may enter into a payment arrangement directly with the parent or guardian.

The Ministry of Health Promotion will advise practitioners if changes are made to the Schedule.

5. Claims Procedure

Practitioners must submit claims for payment using the individualized CCF. Practitioners may **attach** a standard or computer-generated claim form to the CCF.

Dental providers may also use a standard dental claim form for emergencies or if additional pages are required. Please indicate the appropriate claim number on **all** standard claim forms.

Claim forms should be completed using Fédération Dentaire Internationale (FDI) nomenclature and charting codes listed in the CINOT *Schedule of Dental Services and Fees*.

If it is necessary to re-submit a claim form, it must be clearly marked "DUPLICATE".

Forms with incorrect, illegible, or missing information will be returned for clarification and/or correction.

Practitioners must sign each CCF submitted or use an ODA verification stamp. The practitioner must also indicate in the "Practitioner's Comments" section of the claim form whether the patient's treatment plan is "complete" or "incomplete". A new CCF will be issued each time a CCF is submitted until the CCF is marked "treatment complete" or the child is referred to another practitioner.

Responsibility of the treating dental hygienist, denturist, or physician anaesthetist (continued)

6. (A) Referrals: Dentist to another dentist

If the attending dentist deems it necessary to refer a child to another dentist, the health unit **must be notified**. The referring dentist must submit the claim form to the health unit for payment of services rendered, and include the reason for referral and the new dentist's name in the "Practitioner's Comments" section of the form.

Where a referral to a dentist outside of the province is required, the referring dentist must seek prior approval from the health unit.

If the referring dentist has completed an examination only (or with radiographs) and refers all treatment, the maximum examination fee payable to the referring dentist will be the equivalent of a specific examination fee. If the referring dentist has finished his or her component of the treatment, the claim form should be marked "treatment complete". A new CCF will be sent to the second dentist.

Any dentist to whom a child has been referred must indicate, on the CCF, the name of the referring dentist.

(B) Referrals: Dental hygienist to dentist

If the attending dental hygienist deems it necessary to refer a child to a dentist, the health unit **must be notified**. The referring dental hygienist must submit the claim form to the health unit for payment of services rendered, and include the reason for referral and the dentist's name in the "Practitioner's Comments" section of the form.

If the referring dental hygienist has completed an examination only and refers all treatment, the maximum examination fee payable to the referring dental hygienist will be the equivalent of a specific examination fee. If the referring dental hygienist has finished his or her component of the treatment, the claim form should be marked "treatment complete". A new CCF will be sent to the dentist.

Any dentist to whom a child has been referred must indicate, on the CCF, the name of the referring dental hygienist.

(C) Referrals: Denturist to dentist

If the attending denturist deems it necessary to refer a child to a dentist, the health unit **must be notified**. The referring denturist must submit the claim form to the health unit for payment of services rendered, and include the reason for referral and the dentist's name in the "Practitioner's Comments" section of the form.

If the referring denturist has finished his or her component of the treatment, the claim form should be marked "treatment complete". A new CCF will be sent to the dentist.

Responsibility of the treating dental hygienist, denturist, or physician anaesthetist (continued)

Any dentist to whom a child has been referred must indicate, on the CCF, the name of the referring dentist.

(D) Dentist to dental hygienist

If the attending dentist deems it necessary to refer a child to a dental hygienist, the health unit **must be notified**. The referring dentist must submit the claim form to the health unit for payment of services rendered, and include the reason for referral and the dental hygienist's name in the "Practitioner's Comments" section of the form.

If the referring dentist has completed an examination only (or with radiographs) and refers all treatment, the maximum examination fee payable to the referring dentist will be the equivalent of a specific examination fee. If the referring dentist has finished his or her component of the treatment, the claim form should be marked "treatment complete". A new CCF will be sent to the dental hygienist.

(E) Dentist to denturist

If the attending dentist deems it necessary to refer a child to a denturist, the health unit **must be notified**. The referring dentist must submit the claim form to the health unit for payment of services rendered, and include the reason for referral and the denturist in the "Practitioner's Comments" section of the form.

If the referring dentist has completed an examination only (or with radiographs) and refers all treatment, the maximum examination fee payable to the referring dentist will be the equivalent of a specific examination fee. If the referring dentist has finished his or her component of the treatment, the claim form should be marked "treatment complete". A new CCF will be sent to the denturist.

(F) Referrals to the health unit

Occasionally, children in need of urgent treatment may be referred to the health unit by a dental office, school, or another health professional or family member. The health unit will offer case identification for these referrals within **five** working days from the date of contact.

In unusual circumstances (e.g., geographic isolation) where case identification is difficult, dentists and/or dental hygienists and/or denturists may submit a written treatment plan directly to the health unit with supporting evidence, including radiographs, to verify eligibility.

7. Emergency Dental Care

In some instances, children may present for emergency dental care without first being case identified by the health unit. As part of the emergency dental care, a dentist may refer a child to a registered dental hygienist. This referral may include an order. Only an

emergency exam and treatment for the relief of pain for the presenting emergency condition will be covered. The health unit **must be** contacted on the next working day to arrange for an emergency claim number. The Parent Notification Form (PNF) must be signed **before** a CINOT Claim Form (CCF) will be issued. This will ensure that the CINOT criteria have been met and that the Freedom of Information waiver has been signed by the parent to authorize the dentist to release the patient's confidential information.

Other services will not be reimbursed if provided at the emergency appointment, prior to the child having been admitted to the program by the local health unit

8. Responsible Use of Radiographs

The number of radiographs required for a patient should be determined upon completion of a clinical examination using the ALARA principle and in keeping with guidelines issued by the Royal College of Dental Surgeons of Ontario (RCDSO) and the College of Dental Hygienists of Ontario (CDHO).

9 Orders and Prescriptions

Radiographs must be prescribed by a qualified practitioner in keeping with the *Healing Arts Radiation Protection Act, 1990* (HARP). The fees and codes listed in this Schedule are for taking of radiographs after the prescription from a qualified practitioner has been obtained.

Where an 'order' is required prior to the commencement of a controlled act (e.g., scaling and root planing), this prerequisite must be fulfilled prior to commencement of the procedure.

Some other procedures may also require a prescription depending on the child's qualifying conditions (e.g., topical fluoride).

10 Pre-determination

Pre-determination for services allows a dentist to confirm that the planned treatment is eligible and that procedure limitations have not been exceeded. It is a plan requirement only for those services marked "P".

11. For additional copies of this Schedule, please call 416-327-8820 or download a copy from the Government of Ontario's website at <http://www.health.gov.on.ca/english/public/program/child/cinot.html>. Alternatively, go to www.gov.on.ca, select the Ministry of Health and Long-Term Care, and use the search term "CINOT."

Freedom of Information

Personal information (e.g., name, address, Ontario Health Card Number, etc.) contained on the CCF is collected under the authority of the *Health Protection and Promotion Act*, and the *Personal Health Information Protection Act, 2004*. This information is used for claims payment and program management. Questions concerning the collection of this information should be directed to the public health dentist at the local public health unit.

The consent pertaining to the collection, use and disclosure of this personal information is contained on the Parent Notification Form (PNF) which must be signed by the parent or guardian before the child is admitted to the program. This authorizes the providers to release the confidential information contained on the CCF to the health unit, the Ministry of Health and Long-Term Care, the Ministry of Health Promotion, the Ministry of Community and Social Services, and any other agency funding the treatment for the purpose of providing payment for the child's dental treatment.

Program Funding

As one of public health's mandatory programs, CINOT is cost-shared between the province and the municipality in which the child resides.

Relationship with Social Assistance and Other Programs

Children whose parents receive social assistance should be treated through the appropriate social assistance program (i.e., Ontario Works [OW], Ontario Disability Support Program [ODSP] or Assistance for Children with Severe Disabilities [ASCD]), and not through the CINOT program. Note: Funding and coverage for social assistance program recipients differs from CINOT.

Children who are entitled to dental benefits under the Non-Insured Health Benefits (NIHB) program are entitled to CINOT coverage. NIHB becomes the second payor.

Definitions for the purpose of determining CINOT dental eligibility:

Note: The following definitions are for use in the CINOT program and are not intended to represent standards of practice.

Pain

- Conditions which are presently causing pain or have caused pain frequently in the week immediately preceding eligibility determination.

Infection

- Visually apparent abscesses or swellings, and/or acute gingival conditions requiring immediate attention (e.g., necrotizing ulcerative gingivitis and any suppurative gingival conditions that would cause abnormal or extreme gingival conditions).

Haemorrhage

- Haemorrhage associated with trauma or accidents.

Trauma

- To the premaxilla, maxilla, and/or mandible which affects the teeth and supporting structures.

Pathology

- Any specific pathological condition of the hard or soft tissues where further investigation is recommended; or developmental anomalies or pathology of a potentially serious nature.
- The following are excluded as entry criteria: (1) children with cleft lip and palate (who should be referred to the Cleft Lip and Palate Program); and (2) children with abnormal placement of successor teeth. Children with abnormal placement of successor teeth or cleft lip and palate will be considered for CINOT eligibility if they meet the four program criteria for other conditions.

Caries

- Large open lesions in permanent teeth well into the dentine, or in crucial primary teeth that, if left untreated, the child might be deemed to be in a state of dental neglect and thus eligible for referral to a Children's Aid Society under the *Child and Family Services Act*. The lesions should be obvious enough that the parent or guardian can readily see them.

Definitions for the purpose of determining CINOT dental eligibility (continued)

Radiographic determination of CINOT eligibility

- Where geographic necessity prevents case identification of the child, a referral to the health unit requesting CINOT coverage may arise directly from a dental office. A dental provider who makes a referral to the health unit to assess eligibility for CINOT must provide evidence demonstrating that the dental criteria for CINOT eligibility has been met.

Periodontal Disease

- Which is not reversible by adequate oral hygiene, and requires clinical instrumentation or treatment (e.g., acute necrotizing ulcerative gingivitis).

Crucial Primary Teeth

- Maxillary deciduous incisors for children under 4 years of age.
- First deciduous molars for children under 8 years of age.
- Second deciduous molars and cuspids for children under 11 years of age.

Emergency

- The patient presents with pain, acute infection, haemorrhage, trauma or acute pathology.

Essential

- The patient presents with conditions, which will shortly lead to pain, acute infection, haemorrhage or acute pathology.

CINOT Schedule of Dental Services and Fees (Non-Dentist Providers)

Public Health Unit/Department: Dental Contact Information

<p>Algoma Public Health 6th Floor, Civic Centre 99 Foster Drive Sault Ste. Marie ON P6A 5X6 Tel: (705) 759-5282 Fax: (705) 541-7386</p>	<p>Brant County Health Unit 194 Terrace Hill Street Brantford ON N3R 1G7 Tel: (519) 753-4937, ext. 450 Fax: (519) 753-2140</p>	<p>Chatham-Kent Public Health Unit 435 Grand Avenue West P.O. Box 1136 Chatham ON N7M 5L8 Tel: (519) 352-7270 Fax: (519) 352-2166</p>
<p>Durham Region Health Department Oral Health Division P.O. Box 730 Whitby ON L1N 0B2 Tel: (905) 723-1365, ext. 3149 Toll Free: 1-866-853-1326 Fax: (905) 723-9482</p>	<p>Eastern Ontario Health Unit 1000 Pitt Street Cornwall ON K6J 5T1 Tel: (613) 933-1375 Fax: (613) 933-7930</p>	<p>Elgin St. Thomas Public Health 99 Edward Street St. Thomas ON N5P 1Y8 Tel: (519) 631-9900, ext. 236 or 259 Fax: (519) 633-0468</p>
<p>Grey-Bruce Health Unit 920 1st Avenue West Owen Sound ON N4K 4K5 Tel: (519) 376-9420 Fax: (519) 371-6005</p>	<p>Haldimand-Norfolk Health Unit 12 Gilbertson Drive P.O. Box 247 Simcoe ON N3Y 4L1 Tel: (519) 426-6170 Fax : (519) 426-9974</p>	<p>Haliburton, Kawartha, Pine Ridge District Health Unit 200 Rose Glen Road Port Hope ON L1A 3V6 Tel: (905) 885-9100, ext. 247 Fax: (905) 885-1484</p>
<p>Halton Region Health Department 1151 Bronte Road Oakville ON L6M 3L1 Toll Free: 1-866-442-5866 Tel: (905) 825-6000 Fax: (905) 825-2247</p>	<p>City of Hamilton Public Health Services Dental Program 1447 Upper Ottawa Street Hamilton ON L8W 3J6 Tel: (905) 546-2424, ext. 3787 Fax: (905) 546-3659</p>	<p>Hastings & Prince Edward Counties Health Unit 179 North Park Street Belleville ON K8P 4P1 Tel: (613) 966-5513, ext. 282 Fax: (613) 966-7896</p>
<p>Huron County Health Unit 77722B London Road Highway #4, R.R. #5 Clinton ON N0M 1L0 Tel: (519) 482-3416 Fax: (519) 482-7820</p>	<p>Kingston, Frontenac and Lennox & Addington Public Health 221 Portsmouth Avenue Kingston ON K7M 1V5 Tel: (613) 549-1232 Toll-free: 1-800-267-7875, ext. 218 Fax: (613) 549-1799</p>	<p>County of Lambton Children Services Department 160 Exmouth Street Point Edward ON N7T 7Z6 Tel: (519) 383-8331, ext. 3531 Fax: (519) 383-6078</p>
<p>Leeds, Grenville & Lanark District Health Unit 458 Laurier Blvd. Brockville ON K6V 7A3 Tel: (613) 345-5685 Fax: (613) 345-2879</p>	<p>Middlesex-London Health Unit 50 King Street London ON N6A 5L7 Tel: (519) 663-5317, ext. 2231 Fax: (519) 663-8235</p>	<p>Niagara Region Public Health Department 2201 St. David's Rd Campbell East P.O. Box 1052, Station Main Thorold ON L2V 0A2 Tel: (905) 688-3762, ext. 7203 or 7201 Toll Free: 1-800-263-7248 Fax: (905) 682-3901</p>
<p>North Bay Parry Sound District Health Unit 681 Commercial Street North Bay ON P1B 4E7 Tel: (705) 474-1400 Fax: (705) 474-8252</p>	<p>Northwestern Health Unit 209-308 Second Street South Kenora ON P9N 1G4 Tel: (807) 468-2144 Fax: (807) 468-4934</p>	<p>Ottawa Public Health 400 - 1580 Merivale Road Ottawa ON K2G 4B5 Tel: (613) 580-6744, ext. 23510 Fax: (613) 580-9645</p>
<p>Oxford County Public Health & Emergency</p>	<p>Peel Public Health</p>	<p>Perth District Health Unit</p>

CINOT Schedule of Dental Services and Fees (Non-Dentist Providers)

<p>Services 410 Buller Street Woodstock ON N4S 4N2 Tel: (519) 539-9800 Toll free: 1-800-755-0394 Fax: (519) 539-6206</p>	<p>9445 Airport Road 3rd floor, West Tower Brampton ON L6S 4J3 Tel: (905) 791-7800 Fax: (905) 458-5158</p>	<p>653 West Gore Street Stratford ON N5A 1L4 Tel: (519) 271-7600, ext. 262 Toll free: 1-877-271-7348 Fax: (519) 271-8243</p>
<p>Peterborough-County City Health Unit 10 Hospital Drive Peterborough ON K9J 8M1 Tel: (705) 743-1000 Fax: (705) 743-4321</p>	<p>Porcupine Health Unit Dental Services 102-273 Third Avenue Timmins ON P4N 1E2 Tel: (705) 267-1181, ext. 44 Fax: (705) 267-1406</p>	<p>Renfrew County & District Health Unit 7 International Drive Pembroke ON K8A 6W5 Tel: (613) 735-8661 Fax: (613) 735-3067</p>
<p>Simcoe Muskoka District Health Unit 15 Sperling Drive Barrie ON L4M 6K9 Tel: (705) 721-7520 Fax: (705) 734-9369</p>	<p>Sudbury & District Health Unit 1300 Paris Street Sudbury ON P3E 3A3 Tel: (705) 522-9200, ext. 236 Fax: (705) 677-9617</p>	<p>Thunder Bay District Health Unit 999 Balmoral Street Thunder Bay ON P7B 6E7 Tel: (807) 625-5984 Fax: (807) 623-2369</p>
<p>Timiskaming Health Unit 421 Shepherdson Road New Liskeard ON P0J 1P0 Tel: (705) 647-4305, ext. 354 Fax: (705) 647-5779</p>	<p>Toronto Public Health All CINOT enquiries/claims to: 235 Danforth Avenue, 3rd Floor Toronto ON M4K 1N2 Tel: (416) 392-0946 Fax: (416) 392-3035</p> <p>Head Office: 277 Victoria Street, 5th Floor Toronto ON M5B 1W2 Tel: (416) 392-0442</p>	<p>Region of Waterloo Public Health 99 Regina Street South Box 1633 Waterloo ON N2J 4V3 Tel: Dental Services (519) 883-2222 Tel: CINOT/OW (519) 883-2225 Fax: (519) 883-2229</p>
<p>Wellington-Dufferin-Guelph Public Health 474 Wellington Road 18, Suite 100 RR#1 Fergus ON N1M 2W3 Tel: (519) 846-2715 Fax: (519) 846-0323</p>	<p>Windsor-Essex County Health Unit 1005 Ouellette Avenue Windsor ON N9A 4J8 Tel: (519) 258-2146, ext. 1341 Fax: (519) 258-2790</p>	<p>York Region Community & Health Services Department 22 Prospect Street Newmarket ON L3Y 3S9 Tel: (905) 895-4512 Toll free: 1-800-735-6625 Fax: (905) 895-7520</p>

Treatment Codes for Dental Hygienists

When invoiced directly by an independently practicing Ontario-Registered Dental Hygienist.

An Ontario-registered dentist is required to review all pre-determination submissions.

Proc	Description	P	RDH									Limit
Examination (when invoiced directly by an independently practicing Registered Dental Hygienist)												
Only one examination code per dental hygienist per course of treatment is covered (unless pre-determination is obtained). When a dental hygienist provides an examination and refers the child to a dentist, the referring dental hygienist will be reimbursed for 00122 (Examination, Specific). Limit of one complete examination (00111-00113) per patient, per 60 months, per dental hygienist.												
Examination, New Client. Includes:												
a) History – personal, medical, dental, oral health risk factors												
b) Vital signs – may include blood pressure, pulse, temperature												
c) Extra oral – head and neck												
d) Intra oral – clinical examination of hard and soft tissues, which may include, but is not limited to: carious lesions, unreplaced missing teeth, determination of sulcular depth, gingival contours, mobility of teeth, implants, interproximal tooth contact relationships, occlusion of teeth, TMJ function, presence of hard/soft deposits, pulp vitality tests, when warranted, etc.												
e) Recording of current self care practices												
Radiographs are not included; if taken, they are charged according to section 00200												
The dental hygienist may not charge the client for more than one examination from section 00100 on the same visit												
00111	Examination: Primary Dentition, to include: Full mouth examination and dental hygiene assessment on primary dentition, recording history, charting, treatment planning and case presentation, including above description as per 00100 (Examination, New Client)		13.66									Limit of one complete examination (00111-00113) per patient, per 60 months, per dental hygienist.
00112	Examination: Mixed Dentition, to include: a) Full mouth examination and dental hygiene assessment on mixed dentition, recording history, charting, treatment planning and case presentation, including above description as per 00100 (Examination, New Client). b) Eruption sequence, tooth size-jaw size assessment		17.07									
00113	Examination: Permanent Dentition, to include: Full mouth examination and dental hygiene assessment on permanent dentition, recording history, charting, treatment planning and case presentation, including above description as per 00100 (Examination, New Client)		30.73									
00122	Examination: Specific. Examination and evaluation of a specific situation		13.66									
00123	Examination: Emergency. Examination for the investigation of discomfort and/or infection in a localized area.		13.66									
Radiographs, Intraoral												
The maximum payable for any intraoral radiographs (i.e., periapical, occlusal and bitewing), per course of treatment, shall not exceed \$18.44 or the fee for six periapical films. Exception – intraoral radiographs for the treatment of a patient presenting with an emergency condition, will be covered in the event that the limitation of six films has been reached. The fees listed below are for taking the radiograph after receiving a prescription from a qualified practitioner in accordance with <i>HARP</i> legislation.												

CINOT Schedule of Dental Services and Fees (Non-Dentist Providers)

Proc	Description	P	RDH									
												Per course of treatment - \$18.44 or the fee for 6 films
00211	Bitewing, Single film		8.19									
00212	Bitewing, Two films		10.24									
00221	Periapical, Single film		8.19									
00222	Periapical, Two films		10.24									
00223	Periapical, Three films		12.30									
00224	Periapical, Four films		14.35									
00225	Periapical, Five films		16.40									
00226	Periapical, Six films		18.44									
Panoramic												
Panoramic radiographs will be covered when required due to: facial trauma with symptoms of possible jaw fracture; facial swelling of unknown etiology; significant delayed eruption pattern; severe gag reflex with multiple carious lesions; and special circumstances clearly substantiated by the practitioner. When a panoramic radiograph is taken for a child presenting with an emergency, the reason (from the aforementioned list) should be noted in the "for practitioner use only" section of the CINOT Claim Form. The health unit will adjudicate this post-treatment. Limit of one panoramic radiograph every 36 months. The fees listed below are for taking the radiograph after receiving a prescription from a qualified practitioner in accordance with HARP legislation.												
												1/36 months
00240	Panoramic		30.92									
Debridement (Scaling)												
Debridement will be covered for removal of calculus that is resulting in gingivitis or periodontal disease.												
												Four units of scaling per course of treatment
00511	One unit of time	P	27.32									
00512	Two units of time	P	54.64									
00513	Three units of time	P	81.96									
00514	Four units of time	P	109.28									
00517	One half unit of time	P	13.66									
Fluoride Applications												
Coverage is limited to situations where <u>two</u> or more of the following criteria apply: 1) water fluoride content is less than 0.3 ppm; 2) past history of smooth surface decay in the last three years; 3) present smooth surface decay.												
00611	Fluoride Treatment – topical application		8.19									
Sealants												
Coverage is limited to permanent molars.												
												Replacements will not be covered within 12 months
00601	First tooth in quadrant		10.93									
00602	Each additional tooth in same quadrant		6.83									

Treatment Codes for Denturists

When invoiced directly by an independently practicing Ontario-Registered Denturist.

An Ontario-registered dentist is required to review all pre-determination submissions.

Proc	Description	P	RD																	Limit
Denture Services																				
Unless specified with a "+ L", denturist service reimbursement rates include the laboratory component. Where applicable, a copy of the laboratory invoice must be submitted with the CCF for payment of laboratory fee code 98888.																				
Complete Dentures																				
31310	Complete Maxillary	P	476.10																	
31320	Complete Mandibular	P	590.60																	
31330	Complete Max. & Mand.	P	953.54																	
Overdenture																				
31610	Complete Maxillary	P	515.61																	
31620	Complete Mandibular	P	634.13																	
Adjustments (after three months post insertion OR by other than the denturist providing the prosthesis)																				
38110	Complete Maxillary		28.78																	
38120	Complete Mandibular		30.80																	
48110	Partial Maxillary		30.14																	
48120	Partial Mandibular		32.81																	
Partial Dentures Resilient Base																				
41914	Partial Maxillary + CL	P	361.59																	
41924	Partial Mandibular + CL	P	379.68																	
41934	Partial Max. & Mand. + CL	P	666.95																	
Partial Dentures Acrylic Base with Clasps – Standard with Clasps																				
41610	Partial Maxillary	P	444.63																	
41620	Partial Mandibular	P	466.73																	
41630	Partial Max. & Mand.	P	818.94																	
Partial Dentures Acrylic Base – Immediate with Clasps. Overdentures with Clasps																				
Note: Fees include 3 months post insertion care/tissue care/tissue conditioner. Fees do not include permanent relines/Refer to codes 42000 series.																				
41811	Partial Maxillary	P	575.21																	
41821	Partial Mandibular	P	602.67																	
Repairs – No Impression																				
36110	Complete Maxillary		33.48																	
36120	Complete Mandibular		33.48																	
46110	Partial Maxillary		33.48																	
46120	Partial Mandibular		33.48																	

CINOT Schedule of Dental Services and Fees (Non-Dentist Providers)

Repairs – With Impression												
Proc	Description	P	RD									Limit
36210	Complete Maxillary		52.91									
36220	Complete Mandibular		52.91									
46210	Partial Maxillary		52.91									
46220	Partial Mandibular		52.91									
Relines – Lab Processed/Functional Impression												
32110	Complete Maxillary	P	129.91									
32120	Complete Mandibular	P	140.62									
32130	Complete Max. & Mand.	P	258.48									
42116	Partial Maxillary	P	140.62									
42126	Partial Mandibular	P	150.67									
42136	Partial Max. & Mand.	P	277.22									
Lab Fees for Repairs												
98888	In-House Lab Fee. Complete or Partial (Max. or Mand.) / no impression and Complete or Partial (Max. or Mand.) / impression (for codes with "+L")			IC								
98889	Commercial Lab Fee (for codes with "+CL")			IC								

Treatment Codes for Physician Anaesthetists

When invoiced directly by a qualified Physician who is registered with the College of Physicians and Surgeons of Ontario.

Proc	Description	P	MD									Limit	
General Anaesthesia/Deep Sedation													
Anaesthesia, General and Anaesthesia, Deep Sedation and facility fee coverage is limited to children 4 years of age or younger (i.e., coverage ceases on child's 5 th birthday).													
MDGA2	Anaesthesia, General, Two units of time		131.81									Limit of 10 units per course of treatment. No pre-determination is required for 8 units or less per course of treatment. For units beyond this limit, pre-determination is required and this will be based on time required for the noted procedures.	
MDGA3	Three units		167.90										
MDGA4	Four units		203.99										
MDGA5	Five units		240.11										
MDGA6	Six units		276.18										
MDGA7	Seven units		312.28										
MDGA8	Eight units		348.36										
MDGA9	Each additional unit over eight	p	34.10										
MDDS2	Anaesthesia, Deep Sedation, Two units of time		121.68										
MDDS3	Three units		157.78										
MDDS4	Four units		193.87										
MDDS5	Five units		229.96										
MDDS6	Six units		266.06										
MDDS7	Seven units		302.15										
MDDS8	Eight units		338.26										
MDDS9	Each additional unit over eight	p	34.10										
Provision of facilities, equipment and support services for general anaesthesia													
MDFE2	Two units of time		45.70										Limit of 10 units per course of treatment. No pre-determination is required for 8 units or less per course of treatment. For units beyond this limit, pre-determination is required and this will be based on time required for the noted procedures.
MDFE3	Three units		68.54										
MDFE4	Four units		91.37										
MDFE5	Five units		114.20										
MDFE6	Six units		137.04										
MDFE7	Seven units		159.86										
MDFE8	Eight units		182.72										
MDFE9	Each additional unit over eight	P	24.42										

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